Certified Wetland Specialist Application Form Lake County Stormwater Management Commission

	:	CWS#		
Company:	:	Issue Date:		
Address:		SMC Initials:		
		PCWS Issue Date:		
Phone:	:	Email:		
Certified We	etland Specialist: Persons mee	ting the minimum requirem	nents of a, b and c, as follows:	
	ovide a one-page statement of q l be considered as evidence of o		oted below. The signed statement	
b. Pass the Certified Wetland Specialist Exam. Passed On:				
 c. Completion of a SMC-approved wetland delineation course (Attach copy of wetland delineation completion certificate) <u>and</u> meet the requirements of <u>one</u> of the following: 				
1.	 Registered Professional Wetland Scientist (PWS) from the Society of Wetland Scientists. Y N; (Attach copy of PWS certificate) 			
2.	Minimum of a Bachelor's Degree in an Earth Science or Biologic Science and at least one of the following:			
	related projects Y N I	f applying under this provis ars employed, percent of t	Upper Midwest Region on wetland sion please provide: company name, ime working on wetland projects, and	
	this provision please provi		Midwest Y N ; <u>If applying under</u> tle/job description, years employed, wetland acreage per site).	
	If applying under this prov	ision please provide: comp I list of each project, site lo	vetlands in the Upper Midwest Y N. pany name, job title/job description, ocation (including wetland acreage per	
3.	projects. Y N If applying und	ler this provision please pro	Midwest Region on wetlands related ovide: company name(s), job title/job wetland projects, percent of wetland	
Note: Additional information may be required upon review by SMC.				
SMC Approved Wetland Delineation Course: Completed on:_			Completed on:	
Under penalty of intentional misrepresentation and/or perjury, I declare that I have examined and made this application and it is true and correct to the best of my knowledge and belief.				
Signed:		Date:	<u>.</u>	